subsequently administering at least one cytokine to said patient;

wherein said transfected T cells are produced by obtaining T cells from the patient and transfecting said T cells with an expression vector to obtain said transfected T cells;

wherein said expression vector comprises a DNA molecule encoding either a chimeric immunoglobulin/T cell receptor or a chimeric immunoglobulin/CD3 protein, and wherein said immunoglobulin-encoding portion of said DNA molecule encodes the variable region of an antibody that binds with the TAA or with an antigen associated with the infectious agent, and further wherein the variable regions of the α and β polypeptide chains of said T cell receptor are replaced by said variable regions of the antibody.

49. (New) The method of claim 48, wherein the cytokine is selected from the group consisting of interferon-γ and interleukin-2.

50. (New) The method of claim 48, wherein said TAA is carcinoembryonic antigen (CEA).

51. (New) The method of claim 49, wherein said transfected T cells are stimulated *ex vivo* to obtain an increased mass of cells.

52. (New) A method for inducing a cellular immune response in a patient against a tumor that expresses a tumor associated antigen (TAA) or against a disease caused by an infectious agent, said method comprising:

administering an effective immunostimulatory amount of transfected T cells to a patient; and

subsequently administering at least one cytokine to said patient;

wherein said T cells are produced by obtaining T cells from the patient and transfecting said T cells with an expression vector to obtain said transfected T cells;

wherein said expression vector comprises a DNA molecule encoding either a chimeric immunoglobulin/T cell receptor or a chimeric immunoglobulin/CD3 protein, and wherein said immunoglobulin-encoding portion of said DNA molecule encodes the variable region of an antibody that mimics an epitope of the TAA or an epitope of an

antigen associated with the infectious agent, and further wherein the variable regions of the α and β polypeptide chains of said T cell receptor are replaced by said variable regions of the antibody.

53. (New) The method of claim 52, wherein the cytokine is selected from the group consisting of interferon-γ and interleukin-2.

54. (New) The method of claim 52, wherein said TAA is carcinoembryonic antigen (CEA).

55. (New) The method of claim 52, wherein said transfected T cells are stimulated *ex vivo* to obtain an increased mass of cells.

56. (New) The method of claim 52, wherein said antibody is an anti-idiotypic antibody that recognizes an antibody that binds said TAA.

57. The method of claim 56, wherein said TAA is carcinoembryonic antigen (CEA).

REMARKS

Claims 38-47 are cancelled without prejudice or disclaimer, and new claims 48-57 are added. The presently pending are directed to a method as were previous claims 30-37 and should overcome the Examiner's objection to now examining non-elected claims. The new claims are fully supported by the specification as filed. A method for inducing a cellular immune response by administering transfected T cells comprising a DNA molecule encoding a chimeric immunoglobulin/T cell receptor or a chimeric immunoglobulin/CD3 protein and a cytokine are described throughout the specification and the claims as filed. A variable region of this chimeric molecule that binds a tumor-associated antigen (TAA) or an antigen associated with an infectious agent also is described throughout the specification, including the description found in the claims as originally filed. Humanized versions of the variable regions of such antibodies also are described throughout the specification, for instance at page 4, lines 20-21, page 8, line 13, page 12, lines 18-22, and especially with reference to the use of a human variable region at page 14, line 27 through page 15, line 9. In particular, Example 2 exemplifies a humanized anti-CEA antibody, hMN-14, which is made through the